CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION IN TRUCTION IN TRUCTI	N Guide explains how to complete (Ethics Commission filers)	2 Total pages filed:
CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI P P NICKNAME LAST SUFFIX	OFFICE LISE ON S
CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE *; CITY; STATE: ZIP CODE ONL Greenway Plaza SWK 325 Houston TX 77046	JAN 2 4 2006 Date Hand delifered & Centre Modernanced
CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 622 - 2111	Receipt # Amount Alex
CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI MY Sanford L NICKNAME LAST SUFFIX	Date Imaged
CAMPAIGN TREASURER ADDRESS (Residence or business)	DOW STREET ADDRESS (NO POBOX PLEASE): APT/SUITE* CITY: STATE: & GYECHWAY PLAZA 14th Floo HOUSTON TX 77046	ZIP CODE
CAMPAIGN TREASURER PHONE	(713) 526 - 3700	
REPORT TYPE 0 PERIOD	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit Month Day Year Month Day THROUGH	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR) Year
COVERED	10/81/05 11/12/	/ 05
1 ELECTION	Month Day Year 1	General Special
2 OFFICE	OFFICE HELD (If any) 13 OFFICE SOUGHT (If known City Counc	il District C
4 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	 Direct campaign expenditures are campaign expenditures made by others without the cand Candidates are required to disclose this information only if they receive notification of the direct Name 	lidate's prior consent or approval. It campaign expenditure. ••
additional pages	Address / PO Box: Apt. / Suite #; City, State; Zip Code	
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPOR	T & TOTAL	.S	COVER SHEET PG 2
15 C/OH NAME	ian C	weren	16ACCOUNT # (Ethics Commission filers)
17 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for no may have been made.	ptice of political expenditures by political committees to support the candid the without the candidate's or officeholder's knowledge or consent. Candidat if they receive notice of such expenditures. ••	late / officeholder. These expenditures es and officeholders are required to report
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS), UNLESS ITEMIZED	\$
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$27,941.2
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$29,518.2
CONTRIBUTION BALANCE	5. TOTAL PO OF REPO	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY RTING PERIOD	\$
OUTSTANDING LOANTOTALS	LAST DAY	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OF THE REPORTING PERIOD	\$
9 AFFIDAVIT	MA GON	I swear, or affirm, under penalty of perjis true and correct and includes all informe under Title 15, Election Code.	ury, that the accompanying report mation required to be reported by
AFFIX NOTARY STANT	006 Mintelligation	B C Coo	e or Officeholder
Sworn to and subscribe	d before me, by the	e said Bran Police.	his the day
Signature of officer admi	(Inches	Thelma Gordon	officer administering oath

Texas Ethics Com	nmission P.O. Box 12070 Au	stin, Texas 78711-2070) (512) 4 63	3-5800 1-800-325-8506
POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS				
The Instruction	GUIDE explains how to complete this form.		1 Total pages Sched	dule A:
2 FILER NAME	an cweven		3 ACCOUNT # (Eth	ics Commission filers)
4 Date	5 Full name of contributorout-of-state PAC (ii	D#:	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
_	Kenneth H. Kate	2.5	\$500.2	
11/11	6 Contributor address: City: State: Zin Co	ode	#5 00.4	-
	Houston TX 77046	-0102		
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date	Full name of contributor Out-of-state PAC (I	D#:)	Amount of	In-kind contribution description (if applicable)
	Houston Police Path	Imen's.	contribution (\$)	description (ii applicable)
10/31	Contributor eddresses City State: Zip Co	union	\$1,000.\$	<u>o</u>
			1111001	
	HOUSTON TX 77018			
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	•
Date	Full name of contributor out-of-state PAC {I	D#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Linda S. Light	hill		
11/8	Contributor address; City; State; Zip Co	ode	\$1,50.00	supplies
, 10				supplies
	Houston TX 773	> & <u>&</u>		
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (D#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Marie cweren			food
11/8	Contributor address; City; State; Zip C	ode	\$75,∞	C at a Line
•			4 15,	for election
	Houston TX 770			night
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	ID#:)	Amount of contribution (\$)	in-kind contribution description (if applicable)
	christine Levin		,,,	
1118	Contributor address: City: State; Zip C	ode	\$75. 00	1000
'''		30)	# 15. —	for election
	Houston TX 71	231-1657	<u> </u>	night
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				
If contr	ributor is out-of-state PAC, please see it	nstruction guide for a	aditional report	my requirements.

Texas Ethics Cor	mmission P.O. Box 12070 Austi	n, Texas 78711-207	0 (512) 46	3-5800 1-800-325-850
	CAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	IS		SCHEDULE A
The Instruction	ON GUIDE explains how to complete this form.	ı	1 Total pages Schi	edule A:
2 FILER NAME BV	ian Cweren		3 ACCOUNT # (Et	hics Commission filers)
4 Date	5 Full name of contributor Out-of-state PAC (IDN: LATÛTSSA		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/31	6 Contributor address: City: State: Zip Code Seabnor TX 7758		100.00	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor Out-of-state PAC (IDM) HAVVEY L West		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/31	Contributor address; City; State; Zip Code Houston TX 77056	,	100,50	
Principal occup	pation / Job title (See Instructions)	Employer (See Inc	structions)	
Date	Full name of contributor out-of-state PAC (IDIt:_ MICHELLE BLUM Contributor address; City: State; Zip Code		Amount of contribution (\$) B OU. 02	In-kind contribution description (if applicable) food for election
Principal occup	Itouston TX 7709 pation / Job title (See instructions)	16-4212 Employer (See Ins	tructions)	ugnt
il / g	Full name of contributor out-of-state PAC (ID#:_ DUN SINC Contributor address: City: State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable) food fur election
Principal occup	1 to USTUNTX 47071 pation / Job title (See Instructions)	Employer (See Ins	tructions)	night
Date	Full name of contributorout-of-state PAC (ID#_ KEILL GIANZ MI)	NSON	Amount of contribution (\$)	In-kind contribution description (if applicable)
1112	Contributor address; City: State; Zip Code	5	100.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
If contril	ATTACH ADDITIONAL COPIES butor is out-of-state PAC, please see instru			ng requirements.

Texas Ethics Com	mission P.O. Box 12070 Austin, Texas 78711-2070	(512) 463-5	5800 1-800-325-8506	
POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS				
The Instruction	Guip∈ explains how to complete this form.	1 Total pages Schedu	le A:	
2 FILER NAME	nan cweven	3 ACCOUNT # (Ethics	Commission filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:) OUVAL MEICLEY 6 Contributor address; City; State; Zip Code HD VISTOV TX 77011	7 Amount of contribution (\$)	In-kind contribution description (if applicable)	
9 Principal occup	pation / Job title (See Instructions) 10 Employer (See In	structions)	- · · · · · · · · · · · · · · · · · · ·	
Date	Full name of contributor Out-of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occu	pation / Job title (See Instructions) Employer (See In	structions)		
Date 1	Full name of contributor out-of-state PAC (ID#:) SHPNEN WNITBUVN Contributor address; City; State; Zip Code SAN DIEGO I CA 92104	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occu	pation / Job title (See Instructions) Employer (See In	structions)		
Date	Full name of contributor Out-of-state PAC (ID#) CNAVICS TALISMAN Contributor address; City; State; Zip Code HOUSTON TX 17031 - 3404	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date 11 12	Full name of contributor out-of-state PAC (ID#:) BNAN (WEVEN Contributor address; City; State; Zip Code Henston TX 7046	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occu	pation / Job title (See Instructions) Employer (See In			
If contr	ATTACH ADDITIONAL COPIES OF THIS FORM a ributor is out-of-state PAC, please see instruction guide for a		g requirements.	

	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	Texas 78711-2070) (512) 46	3-5800 1-800-325-8506 SCHEDULE A
The Instruction	N Guide explains how to complete this form.	•	1 Total pages Sche	edule A:
2 FILER NAME	ian cweren		3 ACCOUNT # (EII	nics Cammission filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/7	6 Contributor address; City; State; Zip Code Houston TX 77096		200.00	 -
9 Principal occuj		10 Employer (See Ins	atructions)	-
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1	Contributor address; City; State; Zip Code		5,000.0	}
Principal occup	HOUSTON TX 770°	Employer (See Ins	itructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/2	Contributor address; City; State; Zip Code HDUSTON TX 77071		100.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor out-of-state PAC (IDM:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/8	Contributor address; City; State; Zip Code	· · · · ·	300 =	Office Space
Principal occur	Iturity TX 77099		· · · · · · · · · · · · · · · · · · ·	space
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

	Minission P.O. Box 12070 Austi CAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	n, Texas 78711-207	<u>'0 (512) 46</u>	3-5800 1-800-325-850 SCHEDULE A
OTHER		15		
The lustruction	Guide explains how to complete this form.		1 Total pages Scho	edule A:
2 FILER NAME			3 ACCOUNT # (Et	hics Commission filers)
4 Date	5 Full name of contributor Out-of-state PAC (IDM:		7 Amount of contribution (\$)	In-kind contribution description (if applicable) bill bo ard
9 Principal occu	HUUS to NTX 77021 pation/Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#:_ TYPE A Meyer Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Howston TX 77078 Dation/Job title (See Instructions)			space
Finoparoccu	Pation / Job diffe (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/2	Contributor address; City; State; Zip Code	510	3,075.07	Ads
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/1	Contributor address: City: State: Zip Code	21	500.00	Furniture Movers
Principal occup	Itouston TX 7/2 pation / Job title (See Instructions)	31-1657 Employer (See Ins		1110000
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/2	Contributor address; City; State; Zip Code		540.5	phones
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
lf contril	ATTACH ADDITIONAL COPIES butor is out-of-state PAC, please see instru			ng requirements.

Texas Ethics Co		in, Texas 78711-20	70 (512) 46	63-5800 <u>1-800-325</u> -85
POLIT	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	IS		SCHEDULE A
The Instructi	ON GUIDE explains how to complete this form.		1 Total pages Sch	edule A:
2 FILER NAM	nan Cweren		3 ACCOUNT # (EI	hics Commission filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#: BN W CWEW 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$) 3,076.	8 In-kind contribution description (if applicable)
	Houston TX mot	5	31016.	1
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#:_ Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	·
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See Inst	tructions)	
lf contri	ATTACH ADDITIONAL COPIES butor is out-of-state PAC, please see instru			g requirements.

Texas Ethics Cor	mmission P.O. Box 12070 Austin, Texas	78711-2070	(512) 463-5800 1-800-325-8506
POLITI	CAL EXPENDITURES		SCHEDULE F
The Instruction	ON GUIDE explains how to complete this form.	1	Total pages Schedule F:
2 FILER NAM	ian Cweren	3	ACCOUNT # (Ethics Commission filers)
4 Date	5 Payoe name JOE WILLIAMS		7 Amount (\$)
10/31	6 Payee address; City: State; Zip Code 17519 LONGSUME DE HONSTON TX 70		\$ 250. 10
8 Purpose of pay	yment (See instructions regarding type of information	T	A consideration to be self-to COM.
required.)	taff	Candidate / Officeholder nam	t expenditure to benefit C/OH •• ne Office sought Office hald
Date	Payee name		Amount /e\
10/31	Elizabeth Leventy Payee address: 'City; State; Zip Code Po Box 1258	_	\$ 21. U
	Rancho Santa F	e CA 9201	07
required.) Reimbi	when (See instructions regarding type of information WHENE For 220 for WOVEEVS	⊶ Complete if direc Candidate / Officeholder nam	t expenditure to benefit C/OH ** ne Office sought Office held
Date	Payee name Jewish Harold Vol Payee address; City; State; Zip Code 3 4 03 Audle 9	ice	Amount (\$) \$1,608.00
	Itunstan TX 7700	18	
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if direct Candidate / Officeholder name	t expenditure to benefit C/OH ** le Office sought Office hald
F	Ad		
Date	Payee name Tejas Office Prod	lucts	Amount (\$)
11/1	Tejas Office Prod Payee address; City; State; Zip Code 1225 W- 20th St Houston TX 7700		\$102.10
Purpose of pay	ment (See instructions regarding type of information		t expenditure to benefit C/OH ne Office sought Office held
	pplies	Sandard / Ontolloud/ Hall	
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEE	EDED

Texas Ethics Co	mmission P.O. Box 12070 Austin, Texas	78711-2070	(512) 463-5800 1-800-325-8500
POLITI	CAL EXPENDITURES		SCHEDULE F
The Instruction	ON GUIDE explains how to complete this form.	1	Total pages Schedule F:
2 FILER NAM	e un Cweven	3	ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name HUMAN POINT & 6 Payee address; City: State; Zip Code 7570 Itorn Wood D HOUSTON TX 7763	r #901	7 Amount (\$) 200. 62
required.)	rment (See instructions regarding type of information INICAL SUPPORT		expenditure to benefit C/OH Office sought Office held
Date	Payee name CMNSTINE LEVIN Payee address; City; State; Zip Code POBOX 31657 Houston TX 7	1231-1657	Amount (\$)
required.)	ment (See instructions regarding type of information	•• Complete if direct e Candidate / Officeholder name	expenditure to benefit C/OH Office sought Office held
Date	Payee name CMNSTINE LEVIN Payee address: City: State; Zip Code PO BOX 31657 Houston TX 77	231-1657	Amount (\$) \$ 400. 00
required.)	ment (See instructions regarding type of information	•• Complete if direct e. Candidate / Officeholder name	expenditure to benefit C/OH Office sought Office held
Date	Payee name Luby's Cafeten of Payee address; City; State; Zip Code U223 Bellance B Honston TX 7081	ivol.	Amount (\$) 44.08
required.)	nent (See instructions regarding type of information 1	•• Complete if direct ex Candidate / Officeholder name	xpenditure to benefit C/OH •• Office sought Office held
	· · · · · · · · · · · · · · · · · · ·		

Texas Ethics Commission P.O. Box 1207	70 Austin, Texas	78711-2070	(512) 463-5800	1-800-325-8506
POLITICAL EXPENDIT	JRES		s	CHEDULE F
The Instruction Guide explains how to com	plete this form.		1 Total pages Schedul	e F:
2 FILERNAME BNAN CWEVEV	1		3 ACCOUNT# (Ethics	Commission filers)
4 Date 5 Payee name			7	Amount (\$)
	Crossma	M	B	. ,
6 Payee address; 8102 Brad	City; State; Zip Code	ane	1 2	287.00
Itouston	TX 770	11		<u>. </u>
Purpose of payment (See instructions regarding required.)		9 • Complete if di Candidate / Officeholder r	rect expenditure to benef name Office sou	
Reimbursement to	supplies			
Date Payee name Eddie N	l (LLAC)			Amount (\$)
Payee address; 3002 South	City; State; Zip Code		*******	100.00
Houston TX	77004			
Purpose of payment (See instructions regarding required.)	ng type of information	⊷ Complete if di Candidate / Officeholder r	rect expenditure to benef name Office sou	
sign placeme	nt			
Date Payee name		a Suctema	,	Amount (\$)
Payee address;	City; State; Zip Code	g Systems		05h 23
19/3 815 Live	DOUKST	•	4	180.
Houston	· · · · · · · · · · · · · · · · · · ·	<u>کو 3</u>		
Purpose of payment (See instructions regarding required.)	ng type of information	•• Complete if di Candidate / Officeholder	irect expenditure to benef name Office sou	
Mailing				
Date Payee name .	LAINAS			Amount (\$)
Payee address;	City; State; Zip Code	Dove Tro	ii 3	50, <u>®</u>
Houston	TX 77099	5		· ··· ·
Purpose of payment (See instructions regarding required.)	ng type of information	Complete if d Candidate / Officeholder	irect expenditure to bene name Office so.	
staff				
ATTACH	ADDITIONAL COPIE	S OF THIS FORM AS N	NEEDED	

POLITIC	CAL EXPENDITURES	SCHEDULE F
The Instruction	Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAME	in Cweven	3 ACCOUNT # (Ethics Commission filers)
4 Date M17	Fayee name KIGNT PVINTING 6 Payee address: City: State: Zip Code 5750 BINTLIFF Dr Howston TX 77036	7 Amount (s) 10,970.00
required.)	ment (See instructions regarding type of information 9	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date 11/7	Payee name United Stars Inc Payee address: City: State: Zip Code 6740 Harwin Dr F Itouston TX 7036	#342. 07
required.)	ment (See instructions regarding type of information	Complete if direct expenditure to benefit C/OH
Date	Payee name CNAVIES AMMAS Payee address: City; State; Zip Code 3002 Southmore Itouston TX 7004	
required.)	yment (See instructions regarding type of information	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date	Payee name IVANOIA WIMBUSV Payee address; City: State; Zip Code 300 Z. Southmore # Houston TX 7700 A	
required.)	syment (See instructions regarding type of Information	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEEDED

•

POLITIO	CAL EXPENDITURES		SCHEDULE F
The Instruction	tal pages Schedule F:		
2 FILER NAME	an Cweven	3 AC	COUNT # (Ethics Commission filers)
4 Date	5 Payee name Lasonya Mayo 6 Payee address; City: State: Zip Code 3002 Southmore Houston Tx 7700		7 Amount (\$) 12. 00
required.)	yment (See instructions regarding type of information	9 ·· Complete if direct expo Candidate / Officeholder name	enditure to benefit C/OH ** Office sought Office held
Date	Payee name Eddie Mayo Payee address; City; State Zip Code 3002 Suutnmore # Houston TX 77004	-Z	Amount (\$) \$ 350.20
Purpose of payment (See instructions regarding type of information required.) SIGN PLACEMENT		•• Complete if direct exp Candidate / Officeholder name	enditure to benefit C/OH Office sought Office held
Date	Payee name JUL WILLIAMS Payee address; City; State; Zip Code 17519 LONLSOME Houston TX 709	Dove Trail	# 250. ***
required.)	yment (See instructions regarding type of information	•• Complete if direct exp Candidate / Officeholder name	enditure to benefit C/OH •• Office sought Office held
Date	Payee name JOE WILLIAMS Payee address; City; State; Zip Code 17519 Longome O Itomstan TX 778		Amount (\$) \$ 50,00
required.)	yment (See instructions regarding type of information	Complete if direct exp Candidate / Officeholder name	enditure to benefit C/OH Office sought Office held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEEDE	ED

POLITICAL EXPENDITURES	SCHEDULE F		
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:		
2 FILER NAME Byan Cweren	3 ACCOUNT # (Ethics Commission filers)		
4 Date 5 Payee name POP.5. IIII 6 Payee address; City; State; Zip 4800 Cluhoun Ro Ituustan TX 7700	336.—		
8 Purpose of payment (See instructions regarding type of information required.) block - Walking	Candidate / Officeholder name Office sought Office held		
Date Payee name Bellaire Deba Payee address: City; State; Zip SIOU Maple Butare TX	150. <u>30</u>		
Purpose of payment (See instructions regarding type of information required.)	on •• Complete if direct expenditure to benefit C/OH •• Candidate / Office hold office sought Office held		
block-walking			
Date Payee name OMM W FORM Payee address; City: State: Zip PO BOX 1407 FN ENDS WOOD,	1, 301. 33		
Purpose of payment (See instructions regarding type of informati required.)	and the state of t		
advocacy caus			
Date Payce name CNNSTINE LA	Amount (\$)		
Payee address; City; State; Zip; ULLIA Lands do			
Houston TX 7	7046		
Purpose of payment (See instructions regarding type of informat required.) Staff	on •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITUR	SCHEDULE F	
The Instruction Guide explains how to complete	this form.	1 Total pages Schedule F:
2 FILERNAME. Byan Civere	M	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Payee name CNN STINE 6 Payee address; City: 72 PO BOX	UVIV State; Zip Code	7 Amount (\$) \$1-1657
8 Purpose of payment (See instructions regarding type required.) SHAF	pe of information 9	Complete if direct expenditure to benefit C/OH
11/17 Payee address; City; UDZ KOEN	•	734.50
Purpose of payment (See instructions regarding type required.)	pe of information	·· Complete if direct expenditure to benefit C/OH ·· ate / Officeholder name Office sought Office held
Signs		
Date Payee name COPY DT Payee address: City: 3514 B1538 HDMSTON T	nnet	Amount (\$) 23. 22
Purpose of payment (See instructions regarding ty required.)		Complete if direct expenditure to benefit C/OH
Payee name JOE WILLO Payee address; City; 17519 Low How ston T	CLMS State: Zip Code CSOME DOVE X 77095	- Trail 424,00
Purpose of раугнепt (See instructions regarding ty required.)		Complete if direct expenditure to benefit C/OH · late / Officeholder name Office sought Office held
ATTACH ADI	DITIONAL COPIES OF THIS	S FORM AS NEEDED

Texas Ethics Con	imission P.O. Box 12070 Austin, Texas	/8/11-20/0	(512) 463-5800 1-800-325-850		
POLITIC	CAL EXPENDITURES		SCHEDULE F		
The Instruction	N Guide explains how to complete this form.		1 Total pages Schedule F:		
2 FILER NAME	ian Civeren		3 ACCOUNT # (Ethics Commission filers)		
4 Date	Fastsigns 6 Payee address; City; State; Zip Code U823-B Spencer H Pasadena TX	Wy. 17505	7 Amount (\$) \$ 1056.33		
required.)	ment (See instructions regarding type of information Mets / Sti Meys	9 ··· Complete if din Candidate / Officeholder ni	ect expenditure to benefit C/OH •• ame Office sought Office held		
Date	Payee name SBC Payee address; City; State; Zip Code SSS MCUNST RM Beaumont TX 7		1,024.70		
required.)	ces for offices	↔ Complete if dir Candidate / Officeholder na	ect expenditure to benefit C/OH ** ame Office sought Office held		
Date 113	Payee name EZ Mcul Mcun Payee address; City; State; Zip Code 6470 Richmond Houston TX 7705		Amount (\$)		
required.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na	ect expenditure to benefit C/OH •• ame Office sought Office held		
Date 113	Payee name Jean Johnson Payee address; City; State; Zip Code 214 Stone yer eek Itouston tx 70	24	800 - 00		
required.)	CONSULTATION	•• Complete if dire Candidate / Officeholder na	ect expenditure to benefit C/OH •• ume Office sought Office held		
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NE	EEDED		

	CAL EXPENDITURES FROM PERSONAL FUNDS		SCHEDULE G
The Instruction	N GUIDE explains how to complete this form.	1 Total pages Schen	dule G.
2 FILER NAMI	ian Cheren	3 ACCOUNT# (Eth	ica Commission filers)
4 Date	6 Payee name Cadelly Cage address; City; State Zip Code		8 Amount (\$)
10/31	Honston TX 7046 7 Purpose of expenditure (See instructions regarding type of information req 1 UMCh "1 Clara Pru	<i>'</i>	Reimbursement from political contributions intended
Date	Payee name VORTEX Payee address; City: State: Zin Corde		Amount (\$) 95. <u>26</u>
	Purpose of expenditure (See instructions regarding type of information req COMPUTATIVE PAUT	uired.)	Reimbursement from political contributions intended
Date	Sayee name \ Cub		Amount (\$)
10/31	Payee address: City: State; Zip Code		123 20
	Purpose of expenditure (See instructions regarding type of information req	uired.)	Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information req	uired.)	Reimbursement from political contributions intended
Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information req	uired.)	Reimbursement
	ATTACH ADDITIONAL COPIES OF THIS FORM A	S NEEDED	from political contributions intended

xas Ethics (Commission	P.O. Box 12070	Austin, Texas 78711-2070		(512)463-5800	1-800-325-850
			HOLDER REPOR AL REPORT	XT:	FORM C/O	H - FR
The In	struction Guide	e explains how t Report Type" on	to complete this form. page 1 is marked "Final R	eport" ••		
C/OH N	IAME				2 ACCOUNT#(Et	hica Commission filers)
F	3man	cwever	1			
SIGNA						
а гер	ort as a final repor	t terminates my can	ns or political expenditures in connec npaign treasurer appointment. I a ures without a campaign treasurer a	so understand the oppointment on file.	at I may not accept	any campaign
A. Cheg	CAMPAIGN FU	NDS				
\Box	•	xpended contributions	s or unexpended interest or income	earned from polition	cal contributions.	
	convert unexpend also understand the or unexpended intenderstand that I	ed political contribution to at I must file an anni- terest or income earn must dispose of uno	expended interest or income earned to ons or unexpended interest or incomulated report of unexpended contributioned on political contributions longer expended political contributions and quirements of Election Code, § 254.2	ne earned on politi ns and that I may than six years aft d unexpended into	ical contributions to p not retain unexpended ter filing this final rep	ersonal use. I d contributions ort. Further, I
В.	ASSETS					
Chec	k only one:					
	I do not retain ass	ets purchased with p	olitical contributions or interest or o	her income from p	colitical contributions.	
	more and consent a	assets purchased with stand that I must disp	cal contributions or interest or other in political contributions or interest o ose of assets purchased with politic	r other income fro	m political contributio	ns to personal
				0.1		
				1) 6		
				Sign	nature of Candidate	

5 OFFICEHOLDER

- .. Complete this section only if you are an officeholder ..
 - I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder







9264

772

\$6.32

weren ren Campaign way Plaza Ste. 325 X 77046

> Ms. Anna Russell City Secretary PO Box 1562 Houston TX 77251